

(Department, bureau, or establishment)

Voucher prepared at

(Give place and date)

**THE UNITED STATES, Dr.,**

Payee's Account No. 234-----

*To*

-----  
(Payee)

PAID BY

(Address)		(City)	(State)	UNIT PRICE		AMOUNT	
No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)  Discount Terms	QUANTITY	UNIT PRICE		Dollars	Cts.
				Cost	Per		
PAYMENT:  Complete <input type="checkbox"/> Partial <input type="checkbox"/> Final <input type="checkbox"/>		Cost				3,635	14
Use continuation sheet(s) if necessary							
Shipped from _____ to _____ Weight _____ Government B/L No. _____				Total		\$3,635	14
I certify that the above bill is correct and just and that payment has not been received.  (Sign original only)				(Payee must NOT use this space)			
				Differences _____			
				_____			
STATINTL							

**SA / PC / DCI**

Paid by { Check No. \_\_\_\_\_ dated \_\_\_\_\_, 19\_\_\_\_, for \$ \_\_\_\_\_ } on Treasurer of the United States in  
Cash, \$ \_\_\_\_\_, on \_\_\_\_\_, 19\_\_\_\_. Payee \_\_\_\_\_ } favor of payee named above.  
(Sign original only)

\* When signed for release or restricted in the name of a company or corporation, the name of the person writing the company or corporate name, as well as the name of the person signing, must be typed or printed. "John Doe Company, per John Smith, Secretary", or "Treasurer", as the case may be.

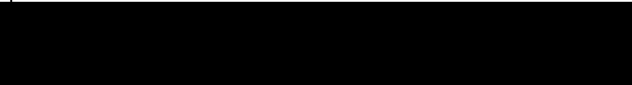
† If the ability to certify and authority to approve are combined in one person, one signature only is necessary; otherwise the approving officer will sign on the line below "Approved for \$-----", and attach his official title.

**Title**

Approved For Release 2000/04/11 : CIA-RDP64-00360R000400020009-7  
Services Other Than Personal

CONTINUATION SHEET

U. S. Cost Reimbursable Sheet No. \_\_\_\_\_ of Bureau Voucher No. 4  
(Department, bureau, or establishment)

No. and Date of Order	Date of Delivery or Service	ARTICLES OR SERVICES (Enter description, item number of contract or Federal supply schedule, and other information deemed necessary)	QUAN- TITY	UNIT PRICE		AMOUNT	
				Cost	Per	Dollars	Cts.
		CONFIDENTIAL PAYROLL					
		Direct Labor costs properly chargeable to Contract A101 for the period 1/31/55 thru 2/6/55					
		Week Ending 2/6/55				1,514	64
						2,120	50
		STATOTHR				\$3,635	14